PLEASE TYPE C	RPRINT	Entered previous May Show
		✓ Ves □ no
™ Ms.		
☐ Mr. Artist L		-MOSS, STANICE
Permanent		(Last Name Last)
Address 626		
Stre		City
		678-845Y
Zip	Area Code	
Temporary or		
Studio Address_	reet	City
	Tel. ()	Sity
Zip	Area Code	
Collaborator		
	(If Any	
		epted or not sold:
🔼 Artist will pic		
☐ Museum shou		
to this addr		st at artist's expense
to this addi	C55.	
Special Instructio		
		instructions or a drawing of
how the object is	to be assemble	led and displayed
19		

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature _____

1984 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



	LESSMUT	
Name		
Address		
		4266
City & State		

is is your only receipt to claim your object(s)

1		☐ 2. Graphics ☐ 5. Crafts			Photography
Title	-		FI	1	

16 (T)	X

7	□ 1	. Paintings	□ 2.	Graphics	3.	Photography
Sheem!	□ 4	. Sculpture	为505.	Crafts		

Title DOUBLECHECK I @ 2/84

17(T)	

RETURN OF OBJECTS: REJECTED: MAY 15-19 ACCEPTED: JULY 9-14

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.